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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
		e the name that is on	Rogrika	
	your government-issued picture identification (for example, your driver's		First name	First name
	license or passport).	se or passport).	Middle name	Middle name
	Bring your picture		Dondle	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	the last 4 digits of Social Security ober or federal vidual Taxpayer tification number	xxx-xx-9882	

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Case number (if known)

Debtor 1 Rogrika Dondle

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)		
	Š	EINs	EINs		
5.	Where you live	5729 S. Throop Street	If Debtor 2 lives at a different address:		
		Chicago, IL 60636 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Case number (if known) Debtor 1 Rogrika Dondle

Par	t 2: Tell the Court About	our E	3ankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankrupt e box.	cy	
	choosing to file under	Chapter 7						
			Chapter 11					
			Chapter 12					
			Chapter 13					
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee yo	k with the clerk's office in your local court for more dourself, you may pay with cash, cashier's check, or malf, your attorney may pay with a credit card or check	oney	
					tallments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individuals to I	Pay	
			I request tha	t my fee be wa	ived (You may request this optio	n only if you are filing for Chapter 7. By law, a judge i		
			applies to you	ur family size an	nd you are unable to pay the fee in	ur income is less than 150% of the official poverty lin n installments). If you choose this option, you must fil pial Form 103B) and file it with your petition.		
).	Have you filed for bankruptcy within the	■ N	0.					
	last 8 years?	□ Y	es.					
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
	Ana anu bankuuntau							
10.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y	3 S.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	□N	Go to I	ine 12.				
	residence?	■ Y		our landlord obta	ained an eviction judament agains	t you and do you want to stay in your residence?		
		— 10		No. Go to line	, ,	, , , , , , , , , , , , , , , , , , , ,		
			=			Andrews of America (Manufican and America (Ma		
				Yes. Fill out <i>Ini</i> bankruptcy pet		Judgment Against You (Form 101A) and file it with th	IIS	

Document Page 4 of 62 Case number (if known) Debtor 1 Rogrika Dondle Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own

Number, Street, City, State & Zip Code

Where is the property?

perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Rogrika Dondle

Case number (if known)

15. Tell the court wh

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credi	t
counseling because of:	

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	ROGINA DOILGIE				TIDEI (II KNOWII)				
Par	6: Answer These Quest	ions for Re	eporting Purposes						
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts are cronal, family, or household purpose."	defined in 11 U.S.C. § 101(8) as "incurred by an				
			☐ No. Go to line 16b.						
			■ Yes. Go to line 17.						
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer debts or busi	iness debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	■ Yes.		Do you estimate that after any exempt payailable to distribute to unsecured credit	property is excluded and administrative expenses ors?				
	administrative expenses		■ No						
	are paid that funds will be available for distribution to unsecured creditors?		Yes						
18.	How many Creditors do	— 4 40		□ 1,000-5,000	☐ 25,001-50,000				
	you estimate that you	■ 1-49 □ 50-99		☐ 5001-10,000	☐ 50,001-100,000				
	owe?	☐ 100-19	99	1 0,001-25,000	☐ More than100,000				
		□ 200-99	99						
19.	How much do you	\$0 - \$5	50 000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million					
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
		□ \$500,0	001 - \$1 million	5 100,000,001 - \$500 Million	iniore than \$50 billion				
20.	How much do you	□ \$0 - \$5		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
		_ ' '	001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
		— \$500,0	901 - \$1 IIIIII0II						
Par	7: Sign Below								
For	you	I have exa	amined this petition, and I de	eclare under penalty of perjury that the in	formation provided is true and correct.				
			chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter						
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request	relief in accordance with the	chapter of title 11, United States Code,	specified in this petition.				
		bankrupto and 3571	cy case can result in fines up		ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		/s/ Rogr Rogrika	ika Dondle Dondle		ebtor 2				
			of Debtor 1	Signature of De					
		Executed	on August 10, 2017	Executed on					
			MM / DD / YYYY		MM / DD / YYYY				

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Debtor 1 Rogrika Dondle Page 7 01 62 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David Gallaghe	er	Date	August 10, 2017
Signature of Attorney	for Debtor	-	MM / DD / YYYY
David Gallagher			
Printed name			
Upright Law LLC			
Firm name			
79 West Monroe			
Fifith Floor			
Chicago, IL 60603	(
Number, Street, City, State &			
Contact phone 312-54	16-4264 Emai	l address	dgallagher@uprightlaw.com
6295024			
Bar number & State			_

		Docume	ent Page 8 of 62	
Fill in this infor	mation to identify your	case:		
Debtor 1	Rogrika Dondle			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	25,202.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	25,202.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	24,394.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	94,712.00
	Your total liabilities	\$	119,106.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,848.76
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,841.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Page 9 of 62 Case number (if known) Debtor 1 Rogrika Dondle

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,027.59

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	15,762.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	15,762.00

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Desc Main Document Page 10 of 62 Fill in this information to identify your case and this filing: Debtor 1 Rogrika Dondle Middle Name First Name Last Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Infiniti Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: **FX35** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2011 Debtor 2 only Current value of the Current value of the 70.000 entire property? Approximate mileage: Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another Vaule According to KBB \$16,500.00 \$16,500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$16,500.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

Case 17-23946 Doc 1 Filed 08/10/17 Entered 08/10/17 15:46:39 Desc Main Document Page 11 of 62 Debtor 1 Case number (if known) Rogrika Dondle Yes. Describe..... \$1,800.00 Household Goods and Furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... \$300.00 **Used Electronics** 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$500.00 **Necessary Wearing Apparel** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$300.00 Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... \$0.00 Two Dogs 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,900.00 for Part 3. Write that number here

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Case number (if known) Debtor 1 Rogrika Dondle Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Yes. Cash on hand at time of \$2.00 filing 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Chase Bank Account** \$1,400.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account: 403(b) **Fidelity** \$4,400.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Official Form 106A/B Schedule A/B: Property

		Case 17	-23940	DOC I	Pocument		67	Desc Main
De	ebtor 1	Rogrika D	ondle		Document	Page 13 of	Case number (if known)	
	☐ Yes.		Institution na	me and descr	iption. Separately file th	e records of any i	interests.11 U.S.C. § 521(c)	:
	■ No	e, equitable or Give specific			ty (other than anythin	g listed in line 1)	, and rights or powers ex	ercisable for your benefit
	Exam _l ■ No		omain names	s, websites, pr	s, and other intellectu oceeds from royalties a		ements	
	Licens	ses, franchise:	s, and other	general intan		holdings liquor l	licenses, professional licens	ses
	■ No	Give specific	•			ge,que		
Mo	oney or	property owe	d to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to	you					
	■ No □ Yes.	Give specific i	nformation ab	oout them, incl	luding whether you alre	ady filed the return	ns and the tax years	
	Exam _i ■ No	v support ples: Past due Give specific i	·		sal support, child suppo	ort, maintenance, o	divorce settlement, property	/ settlement
	Exam _i ■ No	amounts som ples: Unpaid w benefits; Give specific	ages, disabilit unpaid loans	ty insurance p	ayments, disability bendsomeone else	efits, sick pay, vac	cation pay, workers' compe	ensation, Social Security
		sts in insuran						
				e insurance; h	ealth savings account (HSA); credit, home	eowner's, or renter's insura	nce
	■ Yes.	Name the insu		iny of each po pany name:	licy and list its value.	Bene	eficiary:	Surrender or refund value:
			Tern	n Life Insur	ance with Employer	·		\$0.00
			State	e Farm Who	ole Life			
			No C	Cash Value				\$0.00
	If you somed		ciary of a living		someone who has die proceeds from a life in		are currently entitled to rec	eive property because
	Exam _l ■ No		s, employmen		rou have filed a lawsui urance claims, or rights		and for payment	

D. I	D	ocument	Page 14 of	62	Desc Main
Deb	or 1 Rogrika Dondle			Case number (if known)	
	ther contingent and unliquidated claims of every No	nature, includin	g counterclaims	of the debtor and rights to	set off claims
	Yes. Describe each claim				
35.	ny financial assets you did not already list				
	No				
	Yes. Give specific information				
36.	Add the dollar value of all of your entries from Part 4. Write that number here	,			\$5,802.00
Part	Describe Any Business-Related Property You Own o	or Have an Interest I	n. List any real esta	ate in Part 1.	
37. D	o you own or have any legal or equitable interest in any	business-related pr	roperty?		
	No. Go to Part 6.	·			
	Yes. Go to line 38.				
Part	Describe Any Farm- and Commercial Fishing-Relate If you own or have an interest in farmland, list it in Part 1		n or Have an Interes	st In.	
46. [o you own or have any legal or equitable interes	t in any farm- or o	commercial fishir	ng-related property?	
	No. Go to Part 7.				
	Yes. Go to line 47.				
Part	Describe All Property You Own or Have an Inte	rest in That You Did	Not List Above		
	o you have other property of any kind you did no Examples: Season tickets, country club membership	ot already list?			
	No				
	Yes. Give specific information				
54	Add the dollar value of all of your entries from Page 1	art 7. Write that n	umber here		\$0.00
0 1.	The time definer value of all of your office from the				Ψ0:00
Part	List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5		\$16,500.00		
57.	Part 3: Total personal and household items, line	15	\$2,900.00		
58.	Part 4: Total financial assets, line 36		\$5,802.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, I	ine 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	·	\$25,202.00	Copy personal property to	stal \$25,202.00
63.	Total of all property on Schedule A/B. Add line 55	+ line 62			\$25,202.00

Official Form 106A/B Schedule A/B: Property page 5

		Dodding	11L 1 44C 10 01 02	
Fill in this infor	mation to identify your	case:		
Debtor 1	Rogrika Dondle			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Ident	fy the Property	/ You Claim	as Exempt
---------------	-----------------	-------------	-----------

 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with 	. W	Vhich set of exem	ptions are vou claimi	ıa?	Check one only	. even if	vour spouse	is filina	with v	oυ.
--	-----	-------------------	-----------------------	-----	----------------	-----------	-------------	-----------	--------	-----

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$16,500.00		\$2,400.00	735 ILCS 5/12-1001(c)
		100% of fair market value, up to any applicable statutory limit	
\$1,800.00	•	\$1,800.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$300.00		\$300.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$500.00		\$500.00	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
\$300.00	•	\$300.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
	\$1,800.00 \$1,800.00 \$500.00	\$1,800.00 \$\$500.00 \$\$300.00 \$\$300.00	\$16,500.00 \$1,800.00 \$1,800.00 \$1,00% of fair market value, up to any applicable statutory limit \$300.00 \$500.00 \$100% of fair market value, up to any applicable statutory limit \$300.00 \$100% of fair market value, up to any applicable statutory limit \$300.00 \$100% of fair market value, up to any applicable statutory limit \$500.00 \$500.00 \$300.00 \$300.00 \$300.00 \$300.00 \$100% of fair market value, up to any applicable statutory limit

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Case number (if known)

- 00.0.	Rogina Donaic			0 0000 1101111001 (11 1011111)	
	ef description of the property and line on nedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	sh on hand at time of filing	\$2.00		\$2.00	735 ILCS 5/12-1001(b)
LIII	ine from Schedule A/B: 16.1			100% of fair market value, up to any applicable statutory limit	
	ecking: Chase Bank Account	\$1,400.00		\$1,400.00	735 ILCS 5/12-1001(b)
LIII	e IIOIII <i>Scriedule A/B</i> . 11.1			100% of fair market value, up to any applicable statutory limit	
	3(b): Fidelity e from Schedule A/B: 21.1	\$4,400.00		100%	735 ILCS 5/12-1006
LIN	e from Scriedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover	3 years after that for ca	ises fi	·	•

	Ca	ase 17-23946	Doc 1	Filed 08/1 Docume		ed 08/10/17 15:4 7 of 62	16:39 Desc M —	1ain
Filli	n this infor	mation to identify yoເ	ır case:					
Deb	tor 1	Rogrika Dondle	,					
.		First Name	Mi	iddle Name	Last Name			
	tor 2 ise if, filing)	First Name	Mi	iddle Name	Last Name			
Unite	ed States Ba	ankruptcy Court for the:	NORTH	HERN DISTRICT	OF ILLINOIS			
Case (if kno	e number _							if this is an
							ameno	led filing
Offi	cial Forr	m 106D						
Scl	hedule	D: Creditors	Who	Have Clai	ims Secure	d by Property	/	12/15
. Do [□ No. Chec ■ Yes. Fill i	s have claims secured by	his form to	•	ur other schedules. \	ou have nothing else to	report on this form.	
2. List	st all secured	l claims. If a creditor has in nore than one creditor has list the claims in alphabeti	a particular	claim, list the other	creditors in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		re Assoc Cr Un	Describe t	the property that s	secures the claim:	\$24,394.00	\$16,500.00	\$7,894.00
	Creditor's Nam	ne	_	initi FX35 70,0 ccording to K				
	-	arrenville e, IL 60566	As of the capply.		claim is: Check all that			
	Number, Stree	t, City, State & Zip Code	☐ Unliqui	•				
Who	owes the d	ebt? Check one.	☐ Dispute Nature of	ed lien. Check all tha	it apply.			
■ D	ebtor 1 only		An agre	eement you made (such as mortgage or se	ecured		
_	ebtor 2 only		car loa	•				
\square D	ebtor 1 and D	ebtor 2 only	☐ Statuto	ry lien (such as tax	lien, mechanic's lien)			
Па	t least one of	the debtors and another	☐ Judgme	ent lien from a laws	uit			
□с	heck if this c	laim relates to a	Other (i	including a right to	offset)			

Add the dollar value of your entries in Column A on this page. Write that number here: \$24,394.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$24,394.00

Last 4 digits of account number

Part 2: List Others to Be Notified for a Debt That You Already Listed

Opened 04/15 Last Active

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

0801

community debt

Date debt was incurred 7/27/17

	0430 11 2	0040 0001	Document	Page 1	3 of 62	Descritain	
Fill in th	nis information to id	entify your case:					
Debtor 1	Rogrik:	a Dondle					
D 0 0 1 1	First Name		dle Name	Last Name			
Debtor 2							
(Spouse if,	filing) First Name	Mide	dle Name	Last Name			
United S	States Bankruptcy Co	urt for the: NORTH	ERN DISTRICT OF ILL	INOIS			
Case nu	ımher						
(if known)						☐ Check if this is an	
						amended filing	
O((, . , .	L E 400 E //	_					
	l Form 106E/I	_		OI - '		40/45	
			ve Unsecured			12/15 RIORITY claims. List the other party	_
Schedule Schedule eft. Attac	G: Executory Contrac D: Creditors Who Hav h the Continuation Page case number (if know	ts and Unexpired Lease e Claims Secured by Proge to this page. If you ha	s (Official Form 106G). D operty. If more space is r ave no information to rep	o not include needed, copy t	any creditors with partially sections in the part you need, fill it out, nur	perty (Official Form 106A/B) and or ured claims that are listed in mber the entries in the boxes on th of any additional pages, write you	e
		rity unsecured claims ag					_
_	lo. Go to Part 2.	,	. ,				
\ □ _Y							
Part 2:		ONPRIORITY Unsecu	red Claims				
3. Doa		priority unsecured claim					_
_	•	. •		vour other eah	adulaa		
	ŭ	report in this part. Submit	this form to the court with	your other scrie	uules.		
Y	es.						
unse	cured claim, list the cred one creditor holds a par	ditor separately for each c	laim. For each claim listed	, identify what t		has more than one nonpriority ns already included in Part 1. If more ms fill out the Continuation Page of	
· arr						Total claim	
	AMCA/American	Medical Collection					
`	Agency		Last 4 digits of acco	ount number	8222	\$275.0	0
	Nonpriority Creditor's Na			imaad?	Opened 4/02/47		
	Attention: Bankrı 4 Westchester Pla		When was the debt	incurred?	Opened 1/02/17		
	Elmsford, NY 105						
	Number Street City Stat		As of the date you f	file, the claim i	s: Check all that apply		
	Who incurred the debt	:? Check one.					
	Debtor 1 only		☐ Contingent				
	Debtor 2 only		☐ Unliquidated				
	Debtor 1 and Debtor	2 only	☐ Disputed				
	At least one of the d	ebtors and another	Type of NONPRIOR	ITY unsecured	I claim:		
	Check if this claim	is for a community	☐ Student loans				
	debt Is the claim subject to	offset?	☐ Obligations arisin report as priority clair		ration agreement or divorce that y	you did not	
	No				g plans, and other similar debts		
	■ No □ Yes		·	•	• •		
	⊔ res		Other. Specify	anest nigh	nostics Incorporat		

Document Page 19 of 62 Debtor 1 Rogrika Dondle Case number (if know) 4.2 AmeriCredit/GM Financial Last 4 digits of account number 7946 \$0.00 Nonpriority Creditor's Name Opened 11/12 Last Active Po Box 183853 When was the debt incurred? 8/08/14 Arlington, TX 76096 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Automobile 4.3 Capital One Last 4 digits of account number \$2.812.00 Nonpriority Creditor's Name Opened 06/06 Last Active Attn: Bankruptcy Po Box 30253 When was the debt incurred? 2/16/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.4 **Capital One** Last 4 digits of account number 2818 \$691.00 Nonpriority Creditor's Name Opened 08/15 Last Active 15000 Capital One Dr When was the debt incurred? 3/02/17 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Rogrika Dondle Case number (if know) 4.5 **Captial One Auto Finance** Last 4 digits of account number 9882 \$28,000.00 Nonpriority Creditor's Name 8058 Dominion Pkwy, When was the debt incurred? 2007 Plano, TX 75024 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify **Deficiency** 4.6 **Chase Card** Last 4 digits of account number 9605 \$5,175.00 Nonpriority Creditor's Name Opened 05/15 Last Active Attn: Correspondence Dept Po Box 15298 When was the debt incurred? 2/28/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 **Chase Card** \$3,081.00 Last 4 digits of account number 4697 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 11/06 Last Active Po Box 15298 When was the debt incurred? 2/22/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Rogrika Dondle Case number (if know) 4.8 Comenity Bank/Gander Mountain Last 4 digits of account number 5691 \$0.00 Nonpriority Creditor's Name Opened 09/16 Last Active Po Box 182125 When was the debt incurred? 10/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.9 Comenity Bank/Marathon \$854.00 Last 4 digits of account number 2354 Nonpriority Creditor's Name Opened 08/15 Last Active Po Box 182125 When was the debt incurred? 2/21/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Comenity Bank/Torrid 1352 \$390.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 03/17 Last Active Po Box 182125 When was the debt incurred? 7/23/17 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Case number (if know)

Rogilka Dolldle		Case Humber (II know)	
Comenity Bank/Victoria Secret	Last 4 digits of account number	4581	\$2,785.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 05/12 Last Active 2/11/17	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Comenity Bkl/Ulta	Last 4 digits of account number	5997	\$734.00
Nonpriority Creditor's Name	_	One and 00/40 Least Active	
Po Box 182125 Columbus, OH 18215	When was the debt incurred?	Opened 09/16 Last Active 2/20/17	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Charge Acc	count	
Comenitybank/meijer	Last 4 digits of account number	0133	\$717.00
Nonpriority Creditor's Name	_		
Comenity Bank Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 09/16 Last Active 2/18/17	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	•	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other Specify Charge Acc	count	

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Case number (if know)

Debtor	1 Rogrika Dondle	——————————————————————————————————————	Case number (if know)	
4.1	Dhhs/hrsa	Last 4 digits of account number	3529	\$0.00
	Nonpriority Creditor's Name 5600 Fishers Ln Rockville, MD 20852	When was the debt incurred?	Opened 08/13 Last Active 06/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Governmen	nt Miscellaneous Debt	
4.1	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	0047	\$2,433.00
	Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 08/14 Last Active 2/12/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	Dsnb Bloomingdales Nonpriority Creditor's Name	Last 4 digits of account number	2673	\$1,317.00
	Attn: Bankruptcy Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 10/14 Last Active 2/20/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	■ Other. Specify Charge Acc	count	

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Debtor 1 Rogrika Dondle Case number (if know) 4.1 \$697.00 Firts Premier Bank 1298 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/06 Last Active 601 S Minneapolis Ave When was the debt incurred? 2/05/17 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 **Fst Premier** 6818 \$633.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 05/15 Last Active 601 S Minneapolis Ave When was the debt incurred? 2/04/17 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.1 **Fst Premier** 9839 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/13/08 Last Active 601 S Minneapplis Ave 5/11/08 When was the debt incurred? Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor	1 Rogrika Dondle		Case number (if know)	
4.2	Healthcare Assoc Cr Un Nonpriority Creditor's Name	Last 4 digits of account number	0700	\$0.00
	1151 E Warrenville Naperville, IL 60566	When was the debt incurred?	Opened 08/14 Last Active 4/02/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.2	Healthcare Assoc Cr Un Nonpriority Creditor's Name	Last 4 digits of account number	0800	\$0.00
	1151 E Warrenville Naperville, IL 60566	When was the debt incurred?	Opened 08/14 Last Active 4/02/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify Automobile	9	
4.2	Lincoln Automotive Fin Nonpriority Creditor's Name	Last 4 digits of account number	9395	\$0.00
	Pob 54200 Omaha, NE 68154	When was the debt incurred?	Opened 05/07 Last Active 2/28/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plans, and other similar debte	
	■ No □ Yes			
	Tes Te	Other Specify Automobile	7	

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Case number (if know)

Debtor	1 Rogrika Dondle		Case number (if know)	
4.2	Mabtc/tfc	Last 4 digits of account number	6467	\$4,030.00
<u> </u>	Nonpriority Creditor's Name	_		
	Po Box 13306 Virginia Beach, VA 23464	When was the debt incurred?	Opened 2/01/17 Last Active 07/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.2	Navient	Last 4 digits of account number	1111	\$15,762.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9500	When was the debt incurred?	Opened 11/04 Last Active 7/21/17	
	Wilkes-Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa	ıl	
4.2 5	Rush Pediatrict Primary Care	Last 4 digits of account number	9882	\$3,000.00
	Nonpriority Creditor's Name 1645 W. Jackson, Ste 200 Chicago, IL 60612	When was the debt incurred?	2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	•	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other, Specify Medical		

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Debt	or 1 Rogrika Dondie		Case number (if know)				
4.2 6	Rush University Medical Center	Last 4 digits of account number	9882	\$1,500.00			
	Nonpriority Creditor's Name PO BOX 4075	When was the debt incurred?	2016				
	Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Medical					
4.2 7	Syncb/car Care Pep B	Last 4 digits of account number	1380	\$1,197.00			
	Nonpriority Creditor's Name Po Box 96060 Orlando, FL 32896	When was the debt incurred?	Opened 11/14 Last Active 2/01/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing					
	☐ Yes	Other. Specify Charge Acc	count				
4.2 8	Syncb/hh Gregg	Last 4 digits of account number	3604	\$2,014.00			
	Nonpriority Creditor's Name C/o Po Box 965036 Orlando, FL 32896	When was the debt incurred?	Opened 10/14 Last Active 2/01/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other, Specify Charge Ace	count				

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Case number (if know)

Debio	Rogrika Donale		Case Humber (II know)						
4.2 9	Syncb/PLCC	Last 4 digits of account number	6805	\$1,086.00					
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965064 Orlando, FL 32896	When was the debt incurred?	Opened 08/15 Last Active 2/26/17						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims							
	■ No	Debts to pension or profit-sharing							
	Yes	Other. Specify Charge Acc	count						
4.3	Syncb/Toys R Us Nonpriority Creditor's Name	Last 4 digits of account number	6047	\$0.00					
	Po Box 965064 Orlando, FL 32896	When was the debt incurred?	Opened 12/06/13 Last Active 5/10/15						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:							
	At least one of the debtors and another								
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	Other. Specify Charge Acc	count						
4.3	Synchrony Bank/ JC Penneys Nonpriority Creditor's Name	Last 4 digits of account number	7889	\$1,724.00					
	Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 12/12 Last Active 2/14/17						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only								
	☐ Debtor 1 and Debtor 2 only ☐ Disputed								
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community. ☐ Student loans								
	☐ Check if this claim is for a community								
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	■ Other. Specify Charge Ac	count						

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Case number (if know)

Debtor	1 Rogrika Dondle		Case number (if know)				
4.3	Synchrony Bank/Care Credit	Last 4 digits of account number	9754	\$1,897.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d alaim.				
	At least one of the debtors and another	Student loans	u Claim.				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	ng plans, and other similar debts				
	Yes	Other. Specify Charge Acc					
4.3	Synchrony Bank/Peach Direct	Last 4 digits of account number	6253	\$0.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 7/22/07 Last Active 6/13/16				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Charge Acc	count				
4.3	Synchrony Bank/Sams Nonpriority Creditor's Name	Last 4 digits of account number	4513	\$2,291.00			
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 11/14 Last Active 2/07/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	■ Other. Specify Charge Acc	count				

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epto	Rogrika Dondle		Case number (if know)					
.3	Synchrony Bank/TJX	Last 4 digits of account number	8203	\$761.00				
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 12/13 Last Active 1/25/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	■ Other. Specify Charge Acc	count					
.3	Synchrony Bank/Walmart Nonpriority Creditor's Name	Last 4 digits of account number	7801	\$3,053.00				
	Attn: Bankruptcy		Opened 12/13 Last Active					
	Po Box 956060	When was the debt incurred?	2/27/17					
	Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim i	is: Chack all that apply					
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt	Obligations arising out of a sepa	aration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	■ No	Debts to pension or profit-sharing	s to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Charge Acc	count					
.3	Target	Last 4 digits of account number	9568	\$925.00				
	Nonpriority Creditor's Name	_						
	C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440	When was the debt incurred?	Opened 10/07 Last Active 2/17/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	d claim:						
	☐ Check if this claim is for a community							
	debt		aration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharin	•					
	Yes	■ Other. Specify Credit Card	1					

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Ogrika Dondle Case number (if know)

Debtor	1 Rogrika Dondle		Case n	umber (if kno	w)				
4.3	Tidewater Finance	Last 4 digits of account number				\$3,000.00			
0	Nonpriority Creditor's Name 6520 Indian River Rd	When was the debt incurred?	2017						
	Virginia Beach, VA 23464 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check	all that apply	,				
	_	Пол							
	Debtor 1 only	Contingent							
	Debtor 2 only	Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration ag	reement or di	vorce that you did not				
	No	Debts to pension or profit-sharing	ıg plans, a	and other simi	ilar debts				
	Yes	Other. Specify Consumer							
4.3	Visa Dept Store National								
9	Bank/Macy's Nonpriority Creditor's Name	Last 4 digits of account number	5951			\$1,878.00			
	Attn: Bankruptcy		•		Last Active				
	Po Box 8053 Mason, OH 45040	When was the debt incurred?	3/01/	17					
	Number Street City State Zlp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans							
	☐ Debtor 2 only								
	☐ Debtor 1 and Debtor 2 only								
	☐ At least one of the debtors and another								
	☐ Check if this claim is for a community								
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts							
	Yes	Other. Specify Charge Acc	count						
Part 3:									
is tryi have i	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the addi	Parts 1	or 2, then list	t the collection agency here. S	Similarly, if you			
	nd Address	On which entry in Part 1 or Part 2 did you	list the o	riginal credito	r?				
	Univeristy Medical Center		_	_	Priority Unsecured Claims				
1653 \	W. Congress Parkway		Part 2: 0	Creditors with	Nonpriority Unsecured Claims				
Chica	go, IL 60612	Last 4 digits of account number							
Name a	nd Address	On which entry in Part 1 or Part 2 did you	list the o	riginal credito	r?				
	University Medical Group		_	_	Priority Unsecured Claims				
	mittance Drive, Dept 1611		Part 2:	Creditors with	Nonpriority Unsecured Claims				
Chica	go, IL 60675	Last 4 digits of account number			,				
Part 4:	Add the Amounts for Each Type of U	nsecured Claim							
	the amounts of certain types of unsecured cla of unsecured claim.	nims. This information is for statistical r	eporting	purposes on	ily. 28 U.S.C. §159. Add the an	nounts for each			
					Total Claim				
	6a. Domestic support obligation	s	6a.	\$	0.00				
	Total aims								
from P		ts you owe the government	6b.	\$	0.00				

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Debtor 1 F	Rogrika E	Dondle	Case r	number (if kno	w)
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				-	Total Claim
Total	6f.	Student loans	6f.	\$	15,762.00
claims					
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	78,950.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	94.712.00

Fill in this information to identify your case:						
Debtor 1	Rogrika Dondle					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)		 -				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Kathy Paterson
5729 S. Throop Street
Chicago, IL 60636

State what the contract or lease is for
\$900.00 a month residential lease

	0430 17 20040 1	Docume	nt Page 34 o	f 62	beso Man
Fill in this i	information to identify your				
Debtor 1	Rogrika Dondle				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
	es Bankruptcy Court for the:	NORTHERN DISTRICT			
Ormod Otati	oo Barina aproy Count for tino.		0. 121.11010		
Case numb	er				☐ Check if this is an amended filing
Official	Form 106H				
	ule H: Your Cod	ohtors			12/15
Scried	ule II. Toul Cou	EDIOIS			12/15
our name a	nd number the entries in the and case number (if known) rou have any codebtors? (If	. Answer every question.	•		of any Additional Pages, write
■ No					
■ No					
— 100					
	in the last 8 years, have you a, California, Idaho, Louisiana,				states and territories include
■ No. (Go to line 3.				
☐ Yes.	Did your spouse, former spou	use, or legal equivalent live	with you at the time?		
in line : Form 1	2 again as a codebtor only i	f that person is a guarant	or or cosigner. Make s	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official schedule E/F, or Schedule G to fil
	Column 1: Your codebtor ame, Number, Street, City, State and ZI	P Code		Column 2: The cred Check all schedules	litor to whom you owe the debt that apply:
3.1				☐ Schedule D, line	
	lame			□ Schedule E/F, lir	
				☐ Schedule G, line	
N	lumber Street			_	
С	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	lame			_ ☐ Schedule D, line ☐ Schedule E/F, lir	
				☐ Schedule G, line	
N	lumber Street			_	

State

City

ZIP Code

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Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (If known) Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY	Fill	in this information to identify you	. 0360.							
Debtor 2 (Spouse, if firing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if wown)										
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (If Indown) Check if this is: A supplement showing postpetition chapter 13 income as of the following date: MM / DD / YYYY 12/ Schedule I: Your Income Bas a complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your propose. If more space, it more space, it more space, it more space. If more space, it more space, attach a separate spage with information about undiditional pages, write your name and case number (if known). Answer every questic Employed Debtor 1	Del	otor 2	onale			_ _				
Case number Check if this is: An amended filling			he: NORTHERN DISTRIC	CT OF ILLINOIS						
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questice that he separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questice that he separate page with information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address Too W. VanBuren Chicago, IL 60612 How long employed there? 2 years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need the propose of the part of the person on the lines below. If you need the propose of the part of	Cas	se number					☐ An amende☐ A suppleme	d filing ent showing		
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Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questic page is needed, attach a separate and power every questic page is not information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address Too W. VanBuren Chicago, IL 60612 How long employed there? 2 years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. For Debtor 1 For Debtor 2 or non-filling spouse in page in pa			come				MM / DD/ Y	YYY		12/15
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Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Include part-time, seasonal, or self-employed work. Employer's name Employer's address Include your non-folicago, IL 60612 How long employed there? Include your non-filing spouse as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,262.47 \$ N/A N/A	i	attach a separate page with information about additional	Employment status	■ Employed			☐ Emple	oyed		
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The second of th		self-employed work.		_	Medic	al				
Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,262.47 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A										
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If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,262.47 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	Par	t 2: Give Details About M	onthly Income							
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,262.47 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	spou If yo	use unless you are separated.	more than one employer, co	,					·	J
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 6,262.47 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	more	e space, attach a separate sheet	to this form.							
 deductions). If not paid monthly, calculate what the monthly wage would be. \$ 6,262.47 \$ N/A Estimate and list monthly overtime pay. +\$ N/A 						Fo	or Debtor 1			
	2.				2.	\$	6,262.47	\$	N/A	
4. Calculate gross Income. Add line 2 + line 3. 4. \$ 6,262.47 \$ N/A	3.	Estimate and list monthly over	ertime pay.		3.	+\$	0.00	+\$	N/A	
	4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	6,262.47	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Debt	or 1	Rogrika Dondle	-	Cas	se number (<i>if known</i>)			
				F	or Debtor 1		ebtor 2 or iling spous	e.
	Сор	y line 4 here	4.	\$	6,262.47	\$		<u>/A</u>
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	706.85	\$	N/	/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/	/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	187.87	\$	- N	/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/	/A
	5e.	Insurance	5e.	\$	360.04	\$	N/	/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$		<u>/A</u>
	5g.	Union dues	5g.		0.00	\$		<u>/A</u>
	5h.	Other deductions. Specify: Parking	_ 5h		151.67			<u>/A</u>
		ADDD	_	\$	1.73	\$		<u>/A</u>
		Life	_	\$	5.55	\$	N	<u>/A</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,413.71	\$	N/	/A
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,848.76	\$	N	<u>/A</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	M	/A
	8b.	Interest and dividends	8b.		0.00	\$		/ <u>A</u> /A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce						
	0-1	settlement, and property settlement.	8c.		0.00	\$		<u>/A</u>
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		0.00	\$		<u>/A</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$		/A /A
	8g.	Pension or retirement income	8g.		0.00	\$	N/	/A
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0.00	+ \$	N/	<u>/A</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	<u> </u>	N/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	<u> </u>	4,848.76 + \$		N/A = \$	4,848.76
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper		•		hedule J. 11. +\$ _	0.00
12.	Add Write appl	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies	ult is t n Liab	the co	ombined monthly in a sand Related <i>Data</i>	ncome. a, if it	12. \$	4,848.76
13.	Do y	ou expect an increase or decrease within the year after you file this form'	?					bined thly income
	=	Ves Evolain:						

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E::::	io thio info	tion to identif	AU			1		
FIII	n this informa	tion to identify yo	our case:					
Debt	tor 1	Nogrika Borialo						
Debt	tor 2						An amended filing A supplement show	ving postpetition chapter
(Spc	ouse, if filing)				_		13 expenses as of	
Unite	ed States Bankr	uptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS	-	MM / DD / YYYY	
Case	e number							
(If kr	nown)							
Of	ficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/1
Be a info	as complete a ormation. If m nber (if know	and accurate as lore space is ne n). Answer eve	s possible eded, atta ry questio	If two married people ar ch another sheet to this				
Part	1: Descr Is this a joir	ibe Your House	hold					
	No. Go to							
			in a separ	ate household?				
	□N	0						
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent				Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		1	Yes
					Daughter		12	□ No
					Daugnter			■ Yes □ No
					Son		14	■ Yes
								□ No
2	De veur evr	anaaa inaluda						☐ Yes
3.	expenses o	oenses include f people other t	han $_{\square}$	No				
	yourself and	d your depende	nts? □	Yes				
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
Incl	ude expense	s paid for with	non-cash	government assistance i	f you know			
	value of suclicial Form 10		d have inc	cluded it on Schedule I: \	our Income		Your exp	enses
•		,						
4.		or home owners and any rent for th		ses for your residence. In triot.	nclude first mortgag	e 4. \$	S	900.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	3	0.00
		rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associa	•	ipkeep expenses		4c. \$ 4d. \$		0.00
5.				our residence, such as ho	me equity loans	5. §		0.00

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1 Rogrika	Dondle	Case nu	umb	er (if known)	
tilities:					
	, heat, natural gas	68	a. :	\$	400.00
					0.00
		vices 60			395.00
•	· · · · · · · · · · · · · · · · · · ·			·	0.00
•				·	845.00
				*	800.00
				·	125.00
					125.00
•				:	50.00
	•	1 !	1.	Ψ	50.00
		12	2.	\$	200.00
				·	25.00
					0.00
	Tibations and religious deflations	17		Ψ	0.00
	surance deducted from your pay or included	in lines 4 or 20.			
	, , ,		a. :	\$	0.00
				·	0.00
				·	195.00
				·	0.00
			. .	—	0.00
	lorado taxos doddotod from your pay of frioldo		6.	\$	0.00
	ease payments:		'	*	0.00
		17a	a. :	\$	551.00
				·	0.00
				·	150.00
				·	0.00
			u	Ψ	0.00
			8. 3	\$	0.00
				\$	0.00
pecify:			9.		
ther real prop	erty expenses not included in lines 4 or 5	of this form or on Schedule I:	Υοι	ır Income.	
					0.00
b. Real estat	re taxes	20h	b.	\$	0.00
c. Property,	homeowner's, or renter's insurance	200	c. :	\$	0.00
d. Maintenar	nce, repair, and upkeep expenses	200	d.	\$	0.00
				·	0.00
					80.00
	1 01 0410		. г	· 	00.00
-					
	<u> </u>			\$	4,841.00
2b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from	m Official Form 106J-2		\$	
2c. Add line 22	a and 22b. The result is your monthly expens	Ses.		\$	4,841.00
	, , ,		L	· -	.,
-				_	
					4,848.76
3b. Copy your	monthly expenses from line 22c above.	23b	b. ·	-\$	4,841.00
_			Г		
		ome.	, ا	¢	7.76
The result	is your monthly net income.	230	U. L	Ψ	1.10
	on ingresse or degrees in view ever-	within the year often year file the	aic 4	form?	
	an increase or decrease in your expenses				r decrease because of a
	ALL EXPECT TO TIPISH DAVING FOR VOLIT CAT IMAN WITHIN THE				
or example, do yo	ou expect to finish paying for your car loan within the terms of your mortgage?	e year or do you expect your mortgag	je pa	dyment to increase t	. 400,0400 2004400 0. 4
or example, do yo		e year or do year expect your mongag.	je pa	ayment to increase o	. 400.0400 2004400 0. 4
	a. Electricity, b. Water, set c. Telephone d. Other. Spe bod and house hildcare and ce lothing, laund ersonal care pe edical and dec ransportation. To not include contertainment, haritable contest surance. To not include in the insurance. To not include in the ins	a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable ser d. Other. Specify: b. Other. Specify: b. Indicare and children's education costs lothing, laundry, and dry cleaning bersonal care products and services edical and dental expenses cansportation. Include gas, maintenance, bus or train fare. b. Include car payments. contributions and religious donations bersonal care broducts and services edical and dental expenses cansportation. Include gas, maintenance, bus or train fare. b. Include car payments. contributions and religious donations bersonal care products and services contributions and religious donations bersonal care payments. contributions and religious donations bersonal Life insurance donatic include insurance deducted from your pay or included doat Life insurance doat Life insurance doat Cher insurance. Specify: bersonal care payments for Vehicle 1 contributions and religious donations doated from your pay or included doated from your pay or included doated from your pay or included doated from your pay on line 5, Schedule I, Your Incomether payments of alimony, maintenance, and support that beducted from your pay on line 5, Schedule I, Your Incomether payments you make to support others who do not I doedify: ther real property expenses not included in lines 4 or 5 of the doated from your pay on line 5, Schedule I, Your Incomether payments you make to support others who do not I doedify: ther real property expenses not included in lines 4 or 5 of the payments of the payments on other property do Real estate taxes do Property, homeowner's, or renter's insurance do Maintenance, repair, and upkeep expenses do Homeowner's association or condominium dues ther: Specify: Pet Care alculate your monthly expenses da Add lines 4 through 21. db Copy line 22 (monthly expenses for Debtor 2), if any, from the payments of the p	a. Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Cod and housekeeping supplies hildcare and children's education costs Include and children's education costs Include gas, maintenance, bus or train fare. In criticulde car payments. In criticulde car payments. In the latin insurance. In the latin insurance deducted from your pay or included in lines 4 or 20. In the latin insurance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin surance. In the latin insurance in the latin surance in the latin	a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services c. Telephone, cell phone, Internet, satellite, and cable services c. Other. Specify: cod and housekeeping supplies hildcare and children's education costs othing, laundry, and dry cleaning grasnal care products and services edical and dental expenses ansportation. Include gas, maintenance, bus or train fare. o not include car payments. ansiportation. Include gas, maintenance, bus or train fare. o not include car payments. ansiportation. Include gas, maintenance, bus or train fare. o not include contributions and religious donations surance. o not include insurance deducted from your pay or included in lines 4 or 20. bis. Life insurance did. Other insurance. Job. Health insurance Job. Health insurance. Job. Health insurance. Job. Health insurance. Job. Car payments for Vehicle 1 Tob. Car payments for Vehicle 1 Tob. Car payments for Vehicle 1 Tob. Car payments for Vehicle 2 Tob. Other. Specify: Student Loans Tob. Cher. Specify: Student Loans Tob. Real estate taxes Job. Real estate taxes Dob. Rea	a. Electricity, heat, natural gas (a. Water, sewer, garbage collection (b. Water, sewer, garbage collection (c. Telephone, cell phone, Internet, satellite, and cable services (d. Specify: (d. S

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=					
Fill in this i	nformation to identify your	case:			
Debtor 1	Rogrika Dondle				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	rirst Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number	er				
(if known)					☐ Check if this is an
					amended filing
Official E	Form 106Dec				
		!!! .	Dalataria Ca	la a alcela a	
Decia	ration About a	<u>ın individual</u>	Deptor's Sc	nedules	12/15
years, or bo	th. 18 U.S.C. §§ 152, 1341, 1 Sign Below	519, and 3571.			
Did yo	ou pay or agree to pay some	one who is NOT an atto	rney to help you fill out b	ankruptcy forms?	
■ N	lo				
ΠΥ	es. Name of person			Attach <i>Bankru</i>	otcy Petition Preparer's Notice,
·					nd Signature (Official Form 119)
	penalty of perjury, I declare ey are true and correct.	that I have read the sum	mary and schedules file	d with this declaration a	and
Y lel	Rogrika Dondle		X		
	grika Dondle		Signature of	Debtor 2	
	nature of Debtor 1		- 3		
5	to A		Data		
Da	te August 10, 2017		Date		

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Fill in	this inform	ation to identify you	r case:			
Debtor	r 1	Rogrika Dondle				
		First Name	Middle Name	Last Name		
Debtor (Spouse		First Name	Middle Name	Last Name		
Linitad	States Ban	kruptcy Court for the:	NORTHERN DISTRICT (
Officeu	States Dan	kiupicy Court for the.	NORTHERN DISTRICT	JF ILLINOIS		
Case r (if known	number					Check if this is an amended filing
State		of Financial	Affairs for Indivi			4/1
nforma	ation. If mo		attach a separate sheet to		equally responsible for sup y additional pages, write yo	
Part 1:	Give Do	etails About Your Ma	nrital Status and Where You	ı Lived Before		
1. W	hat is your	current marital statu	ıs?			
□	Married Not marr	ied				
2. Du	uring the la	st 3 years, have you	lived anywhere other than	where you live now?		
_			·	·		
	│ No │ Yes. List	all of the places you li	ived in the last 3 years. Do no	ot include where vou live nov	٧.	
D	ebtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
					nity property state or territor ico, Texas, Washington and V	
_	•	o morado / mzona, oa	mornia, radiro, Eddidiana, No	vada, rew moxico, r deno re	ioo, rexas, vvasimigion and v	, viscorioni.)
	No Voc Mal	co curo vou fill out Sol	nedule H: Your Codebtors (O	fficial Form 106H)		
	i i es. iviai	te sure you fill out Scr	ledule 11. Toul Codebiols (O	inciai Foitii 10011).		
Part 2	Explair	the Sources of You	r Income			
Fil	I in the total	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part		endar years?
	l No					
		in the details.				
			Debtor 1		Debtor 2	
					DONIO! L	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until I for bankruptcy:	Sources of income			

Official Form 107

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Document Page 41 of 62 Case number (if known) Debtor 1 Rogrika Dondle Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$58,645.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$21,852.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. (before deductions each source Describe below. (before deductions and and exclusions) exclusions) For the calendar year before that: **Retirement Income** \$9,304.00 (January 1 to December 31, 2015) Unemployment \$15,069.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No.

Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... still owe paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

□ Yes

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Page 42 of 62 Debtor 1 Rogrika Dondle Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimonv. Nο Yes. List all payments to an insider. **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain** what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift.

per person

Address:

Describe the gifts

Value

Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Dates you gave

the gifts

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14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or each gift or each gift or each gift.			s with a total	value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo	total	Describe what you contributed		Dates you contributed	Value
Pa	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	uptcy o	or since you filed for bankruptcy, did yo	ou lose anyth	ning because of thef	it, fire, other disaster
	No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the lo de the amount that insurance has paid. Li ance claims on line 33 of Schedule A/B: I	ist pending	Date of your loss	Value of property lost
Pa	rt 7: List Certain Payments or Transfer	's				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No	prepar	ring a bankruptcy petition?	. ,	,, ,	rty to anyone you
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any prope transferred	Description and value of any property transferred		
	Upright Law LLC 79 West Monroe Fifith Floor Chicago, IL 60603 dgallagher@uprightlaw.com		Attorney Fees		2/2017-7/2017	\$1,600.00
17.	Within 1 year before you filed for bankrupromised to help you deal with your creed on not include any payment or transfer that the last of	ditors	or to make payments to your creditors		r transfer any prope	rty to anyone who
	Person Who Was Paid Address		Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have al	ur busi s made	iness or financial affairs? e as security (such as the granting of a se		erty to anyone, othe	
	Yes. Fill in the details.		Description and value of	Dosoribs	any proporty or	Date transfer was
	Person Who Received Transfer Address		Description and value of property transferred		iny property or received or debts change	Date transfer was made
	Person's relationship to you					

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Debtor 1 Rogrika Dondle

19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		ny property to a	self-settle	ed trust or similar devic	e of v	which you are a
	Name of trust	Description and v	alue of the pro	perty trans	sferred		Date Transfer was nade
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and St	torage Unit	ts		
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, asso No Yes. Fill in the details.	or other financial accou	nts; certificates	s of deposi	•	•	, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred		Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, a	ny safe de _l	posit box or other depo	sitor	ry for securities,
	□ No ■ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the contents			Do you still have it?
	Chase Bank 902 N. State Chicago, IL 60610			Nothing			□ No ■ Yes
22.	Have you stored property in a storage unit	or place other than your	home within 1	year before	re you filed for bankrup	otcy?	
	☐ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		Describe	the contents		Do you still have it?
Par	t 9: Identify Property You Hold or Control	I for Someone Else					
23.	Do you hold or control any property that so for someone.	omeone else owns? Incl	ude any proper	ty you bor	rowed from, are storing	j for,	or hold in trust
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property		Value

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Rogrika Dondle Debtor 1

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply	For t	he pur	pose of	Part 10,	the t	following	definitions	ap	pΙν	V:
---	-------	--------	---------	----------	-------	-----------	-------------	----	-----	----

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
		rdous material means anything an env dous material, pollutant, contaminant			wa	ste, hazardous substance, toxic	substance,	
Rep	ort all	notices, releases, and proceedings th	nat y	ou know about, regardless of wher	the	ey occurred.		
24.	Has a	ny governmental unit notified you tha	at yo	u may be liable or potentially liable	une	der or in violation of an environm	ental law?	
	_	No Yes. Fill in the details.						
		e of site less (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
25.	Have	you notified any governmental unit of	f any	release of hazardous material?				
		No ′es. Fill in the details.						
		e of site less (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
26.	Have	you been a party in any judicial or adı	mini	strative proceeding under any envi	ron	mental law? Include settlements	and orders.	
	_	No ⁄es. Fill in the details.						
		e Title e Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case	
Pa	rt 11:	Give Details About Your Business or	Con	nections to Any Business				
27.	Withir	n 4 years before you filed for bankrup	tcy,	did you own a business or have an	y of	f the following connections to any	y business?	
		A sole proprietor or self-employed	in a	trade, profession, or other activity,	eith	ner full-time or part-time		
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the votin	ng or	equity securities of a corporation				
No. None of the above applies. Go to Part 12.								
	□ Y	es. Check all that apply above and fil	ll in t	he details below for each business	S.			
	Addr			escribe the nature of the business		Employer Identification number Do not include Social Security		
	(Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed							

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this informat	tion to identify your o	case:				
Debtor 1	Rogrika Dondle					
Dobtor 1	First Name	Middle Name	L	ast Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	L	ast Name		
United States Bankı	ruptcy Court for the:	NORTHERN DIST	TRICT OF ILLIN	OIS		
	, ,					
Case number						☐ Check if this is an
						amended filing
Official Forn	n 108					
Statement	of Intentio	n for Indiv	<u>iduals F</u>	iling Under C	Chapter 7	12/15
If you are an individ	dual filing under chap	otor 7 vou must fil	Lout this form	£.		
	laims secured by you	· •	i out tills formi	1.		
	personal property a					
	r is earlier, unless th					the meeting of creditors, litors and lessors you list
If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.						
	d accurate as possib r name and case nun		needed, attac	n a separate sheet to this	s form. On the to	op of any additional pages,
Part 1: List Your	Creditors Who Have	Secured Claims				
			0	- 11 01-1 0 11	D	atal Farm 400D). (III to the
information below	w.					cial Form 106D), fill in the
Identify the credi	tor and the property th	nat is collateral	What do you secures a de	intend to do with the pr bt?	operty that	Did you claim the property as exempt on Schedule C?
Creditor's Hea	Ilthcare Assoc Cr I	Jn	☐ Surrender	the property.		□No
name:			Retain the	e property and redeem it.		
Description of	2011 Infiniti FX35 7	0,000 miles		property and enter into a tion Agreement.		Yes
property	Vaule According to	KBB	_	property and [explain]:		
securing debt:			Retain and	d Pay Pursuant to Cor	ntract	
Part 2: List Your	Unexpired Personal	Property Leases				
in the information b	pelow. Do not list rea	l estate leases. Un	expired leases		n effect; the leas	ases (Official Form 106G), fill se period has not yet ended.
Describe vour une	xpired personal prop	erty leases			Will	the lease be assumed?
		·			_	
Lessor's name:	Kathy Paterso	n				No
						Yes
Description of lasse	nd tooo oo	th magisters::=! !				
Description of lease Property:	ะน จุษบบ.บบ a mon	th residential lea	ise			

Official Form 108

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Det	otor 1 Rogrika Dondle	Case number (if known)
Par	t 3: Sign Below	
	ler penalty of perjury, I declare that I have indicated perty that is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal
X	/s/ Rogrika Dondle	X
	Rogrika Dondle	Signature of Debtor 2
	Signature of Debtor 1	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	' :	Liquidation
\$2	245	filing fee
\$	75	administrative fee
+ 9	\$15	trustee surcharge
\$3	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-23946 Doc 1 Filed 08/10/17 Entered 08/10/17 15:46:39 Desc Main Document Page 53 of 62

B2030 (Form 2030) (12/15)

1

2

3.

4

5

6

United States Bankruptcy Court Northern District of Illinois

In r	e Rogrika Dondle	Debtor(s)	Case N Chapte		7	
	DISCLOSURE OF COMPI		_		-	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fill be rendered on behalf of the debtor(s) in contemplation	6(b), I certify that I am the attor	rney for the above y, or agreed to be p	named o	debtor(s) and that me, for services rendered or to)
	For legal services, I have agreed to accept		\$		1,600.00	
	Prior to the filing of this statement I have received				1,600.00	
	Balance Due		\$		0.00	
	\$_335.00 of the filing fee has been paid.					
	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
	■ I have not agreed to share the above-disclosed con	npensation with any other person	n unless they are m	nembers	s and associates of my law fir	m.
	☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n					
	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	cts of the bankrupt	cy case,	, including:	
	a. Analysis of the debtor's financial situation, and renb. Preparation and filing of any petition, schedules, stc. Representation of the debtor at the meeting of credd. [Other provisions as needed]	atement of affairs and plan which	h may be required	;		

- All services not specifically excluded by 7 below to reasonably achieve the debtor's objectives.
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 - (a) discharge proceedings, including those related to student loans, taxes or undue hardships; (b) motions for relief from, or continuation, defense or enforcement of the Automatic Stay (hourly); (c) motions to redeem personal property (\$600.00); (d) rule 2004 examinations (hourly); (e) motions to avoid liens/judgments (\$500.00); (f) contested matters or adversary proceedings (hourly); (g) contested matters regarding Client's claim of exempt property (hourly); (h) Amend any list, schedule, statement, and/or other document required to be filed with the petition as may be necessary or appropriate based on any omission by Client (hourly); (i) motions to continue the 341 meeting of creditors and/or appearing for a continued 341 hearing due to Client's failure to appear (\$150.00); (j) motions or adversary complaints to abandon/refinance/sell/purchase property (hourly); (k) assisting in carrying out the Debtor's Statement of Intentions (hourly); (I) monitoring an "asset case" (hourly); (m) re-opening a bankruptcy case to submit post-filing proof of pre-discharge counseling (\$355); (n) if permitted by local rule, each reaffirmation agreement review, negotiation, execution, appearance at reaf hearings (\$150); (o) issues that arise that are not specifically listed in the Agreement (hourly). Hourly rates billed at \$395.00 per hour for attorney time and \$125/hour for paraprofessional time billed in 6-minute minimum increments, however, the Firm will be entitled to contingency fee of 25% of garnishment/wage assignment recovery. Consumer Protection Violation Prosecution billed at a multiple of Firm's usual hourly rates, times the actual hours expended on this matter, or; b) \$1750 of the first \$2000 in total Recovery, plus 20% of the next \$3000 of Recovery, plus 30% of the next \$5000 of Recovery, plus 40% of the next \$15,000 of Recovery, plus 50% of the Recovery in excess of \$25,000, or; c) in the event Firm successfully pursues an FDCPA or TCPA claim, Client shall receive no less than \$250. If Firm loses a lawsuit brought on Client's behalf, then Client will not be obligated to pay a fee or costs.

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In re	Rogrika Dondle	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

(Continuation Sheet)				
CERTIFICATION				
I certify that the foregoing is a complete statement o this bankruptcy proceeding.	f any agreement or arrangement for payment to me for representation of the debtor(s) in			
August 10, 2017	/s/ David Gallagher			
Date	David Gallagher			
	Signature of Attorney			
	Upright Law LLC			
	79 West Monroe			
	Fifith Floor			
	Chicago, IL 60603			
	312-546-4264 Fax: 844-402-1128			
	dgallagher@uprightlaw.com			
	Name of law firm			

ATTORNEY-CLIENT LEGAL SERVICES AGREEMENT FOR CHAPTER 7 BANKRUPTCY

This Agreement is executed between Upright Law LLC ("Firm") and the undersigned ("Client"). The undersigned Partner of Firm has authorized Firm to affix Partner's digital signature upon this Agreement ("Agreement"). Agreement is subject to Partner's further review and approval after consultation with Client. Agreement contemplates bankruptcy related services ("Services") ONLY and no other representation. The Partner will review this Agreement with Client, including which chapter of bankruptcy Client is eligible for.

- 1. Type of Bankruptcy Representation and Scope of Services. Client hires Firm (and not any specific attorney) to provide Services. Firm will immediately begin providing Services bill for all Services, including those provided before this Agreement is signed. Services include all representation to complete Client's legal matter, except Agreement does not include representation in any objection to discharge, adversary proceeding or any heavily contested matter or Services that could not have been contemplated after reasonable diligence by Firm when this Agreement was signed ("Additional Services"). Firm requires upfront payment for Additional Services, which are billed at \$395.00 per hour for attorney time (or the highest hourly rate permitted in Client's jurisdiction) and \$125.00 per hour for paraprofessional time billed in six-minute increments.
- 2. Type of Fee ("Fee"). Client hires Firm under a "FLAT FEE" Agreement whereby Firm agrees to provide Services for a fixed amount of \$ 1600.00 , plus the Bankruptcy Court filing fee of \$ 335.00 for a total Flat Fee of \$ 1935.00 ("Total Flat Fee"). Because this is a flat fee representation, Firm will not provide a monthly accounting. Fee is earned when paid and immediately becomes property of Firm. Fees will be placed into Firm's general expense/operating account and NOT into any Firm IOLTA client trust fund account. Client has sixty days from Client's final payment of Fees to turn in all requested documents or, if Firm has to spend additional time collecting documents due to Client's unreasonable delay, Client may be charged an additional Flat Fee of \$375.00, and any amounts on deposit with Firm to pay filing fees or other costs will be applied toward that \$375.00 Fee. No Chapter 7 petition will be filed until all Fees and costs are paid in full and Client provides all documents. The Flat Fee may increase if Client gives inaccurate information during the course of Firm's representation.
- 3. Payment Term and Authorization. Client may only use a debit card, but not a credit card to pay for Services. Client, who lives in zip code 60363 , is a duly authorized signor on the account ending in 9520 , expiring 01/20 . Firm is authorized to charge account ending in 9520 , the Total Flat Fee of \$ 1935.00 , by single/recurring debits. Client authorizes Firm to adjust debits as necessary to fully pay the Total Flat Fee. Client may cancel future payments only by written notice at least five days in advance. This authorization is effective until Client has paid the Total Flat Fee or has cancelled the authorization. Firm's authority to deduct funds from Client's account ceases upon payment in full of Total Flat Fee, and under no circumstances may the firm deduct funds from the client's account after the case has been filed. Firm is not responsible for damages/costs/fees related to authorized payments. Client will be charged \$25.00 for each bounced payment.

- 4. **Virtual Representation.** Firm represents Client primarily through means of telephonic and online communication via email, phone or computer-based virtual meeting room, and not face-to-face at a physical office. Client has elected to use Firm, in part, because Client finds this service to be more efficient and convenient. Client has the right to meet with Partner in person at a mutually agreeable time and location.
- **5. Refund Policy.** If Client cancels, Client will be charged for all Services up to the date of cancellation. Firm will provide an accounting along with any unearned portion of the Fee.
- **6. Debtor's Obligations to Pay Credit Counseling/Debtor Education.** In addition to the Flat Fee, Client is obligated to obtain/pay for: (a) Pre-filing credit counseling and (b) post-filing debtor education instructional course.
- 7. Limited Power of Attorney. Client agrees that the signature on this contract also grants Firm a limited power of attorney to affix its signature to any authorization forms required to (a) obtain tax information from any third party tax preparer, accountant, state or federal taxing authorities or any other party in possession of any type of tax information/returns related to Client, including, but not limited to copies of Client's tax returns and/or transcripts, and (b) obtain due diligence products from third parties including, but not limited to, real estate appraisals and/or comparative market analyses, title searches, asset searches, personal property valuations, and credit reports.
- 8. I/WE UNDERSTAND THAT THE INFORMATION DISCLOSED IN THE PETITION IS GIVEN UNDER PENALTY OF PERJURY AND THAT THE FEDERAL PENALTY FOR PERJURY MAY INCLUDE IMPRISONMENT AND HEAVY FINES.

DATED:	2017-02-22	

CLIENT(S): FIRM: Upright Law LLC

A Debt Relief Agency

Client: For Firm: /s/ Dave Gallagher

Print: Rogrika Dondle **Print:** Dave Gallagher

United States Bankruptcy Court Northern District of Illinois

In re	Rogrika Dondle		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	42
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	tors is true and correct to	the best of my
Date:	August 10, 2017	/s/ Rogrika Dondle Rogrika Dondle Signature of Debtor		

AMCA/American Medical Collection Agency Attention: Bankruptcy 4 Westchester Plaza, Suite 110 Elmsford, NY 10523

AmeriCredit/GM Financial Po Box 183853 Arlington, TX 76096

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One 15000 Capital One Dr Richmond, VA 23238

Captial One Auto Finance 8058 Dominion Pkwy, Plano, TX 75024

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Comenity Bank/Gander Mountain Po Box 182125 Columbus, OH 43218

Comenity Bank/Marathon Po Box 182125 Columbus, OH 43218

Comenity Bank/Torrid Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bkl/Ulta Po Box 182125 Columbus, OH 18215

Comenitybank/meijer Comenity Bank Po Box 182125 Columbus, OH 43218

Dhhs/hrsa 5600 Fishers Ln Rockville, MD 20852

Discover Financial Po Box 3025 New Albany, OH 43054

Dsnb Bloomingdales Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Firts Premier Bank 601 S Minneapolis Ave Sioux Falls, SD 57104

Fst Premier 601 S Minneapolis Ave Sioux Falls, SD 57104

Fst Premier 601 S Minneaoplis Ave Sioux Falls, SD 57104

Healthcare Assoc Cr Un 1151 E Warrenville Naperville, IL 60566 Healthcare Assoc Cr Un 1151 E Warrenville Naperville, IL 60566

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Lincoln Automotive Fin Pob 54200 Omaha, NE 68154

Mabtc/tfc Po Box 13306 Virginia Beach, VA 23464

Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barr, PA 18773

Rush Pediatrict Primary Care 1645 W. Jackson, Ste 200 Chicago, IL 60612

Rush Univeristy Medical Center 1653 W. Congress Parkway Chicago, IL 60612

Rush University Medical Center PO BOX 4075 Carol Stream, IL 60197

Rush University Medical Group 75 Remittance Drive, Dept 1611 Chicago, IL 60675

Syncb/car Care Pep B Po Box 96060 Orlando, FL 32896

Syncb/hh Gregg C/o Po Box 965036 Orlando, FL 32896 Syncb/PLCC Attn: Bankruptcy Po Box 965064 Orlando, FL 32896

Syncb/Toys R Us Po Box 965064 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Peach Direct Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

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Tidewater Finance 6520 Indian River Rd Virginia Beach, VA 23464

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040